



Enhancement Request Form

An enhancement request identifies a system modification that would enhance the functionality, usefulness, or user-friendliness of NC FAST. All change requests will be evaluated and prioritized by the NC FAST project team and Change Control Board.

Please fill out the information requested below. When complete, please email this Enhancement Request to NCFAST_BUSINESS@dhhs.nc.gov. All fields must be filled out completely for the Enhancement Request to be considered in the review process. Enhancement Requests must be approved by the Division Director.

| | | |
|---|---|--|
| Division/Office: Division of Aging and Adult Services | Section/Unit: Special Assistance | Date: January 11, 2022 |
| Requester: Karey L. Perez, Adult Services Section Chief <i>Karey Perez</i> | Phone: 919-855-4985 | Email: Karey.Perez@dhhs.nc.gov |
| Approvals (print name if e-signature not available) | | |
| Requestor: Myra Dixon, Subsystems <small>DocuSigned by: Myra Dixon</small> 01/11/22 11:19 AM EST 1B2607101AA2481... | Email: myra.dixon@dhhs.nc.gov | Deputy Division Director: Laketha M. Miller, Controller <small>DocuSigned by: Laketha M. Miller</small> 01/12/22 5:08 PM EST 423C6C605E08405... DS SB |
| Primary Contact for follow-up (if not Division Director): | | |
| Name: Angie Phillips, Special Assistance Program Administrator <i>Angie B. Phillips</i> | Phone: 919-855-3461 | Email: Angie.Phillips@dhhs.nc.gov |
| Alternate Contact for follow-up (if not Requestor): | | |
| Name: Lem Harris, Branch Head <small>DocuSigned by: Lem Harris</small> 01/11/22 11:24 AM EST 74493275B53C4B3... | Phone: 919 527-6136 | Email: lem.harris@dhhs.nc.gov |
| Describe the Enhancement Request (reference additional documentation if necessary): | | |
| <p>Senate Bill 105, Section C 299 (Temporary Assistance for Facilities that Serve Special Assistance Recipients) directs the Department of Health and Human Services (DHHS), Division of Social Services to implement "funding from the State Fiscal Recovery Fund to reduce the negative economic impact of the COVID-19 pandemic on facilities that serve Special Assistance (SA) recipients." Facilities are eligible for this funding effective July 1, 2021 through June 30, 2023, or until these allocated funds are exhausted, whichever occurs first. Each SA-eligible facility shall receive a payment of \$125 (one hundred twenty-five dollars) per month for each resident of the facility as of first day of the month who is an active recipient of State-County Special Assistance (including recipients in 'suspended' or 'pending closure' status). Implementation of these funds should allow for retroactive determination of temporary facility payments back to July 1, 2021, utilizing the same criteria mentioned above.</p> <p>The legislation provides \$24 million in nonrecurring funds for SFY 2021-2022 and an additional \$24 million in nonrecurring funds for SFY 2022-2023 from the ARPA State Fiscal Recovery Fund, in order to provide payments to facilities which are licensed to accept SA payments on behalf of each SA resident. There is no County match for these payments.</p> <p>In the case of an SA recipient who transfers from one licensed facility to another during a month from this time period, only the first eligible licensed facility will receive the payment authorized under this section for that month.</p> <p>Any SA application that remains in "pending" status until June 30, 2023 or after will not be eligible to receive a payment.</p> | | |

Please note: This State Fiscal Recovery Fund issuance for SFY 2021-2022 and SFY 2022-2023 should use the same functional process as the Facility Temporary \$34 payment process, with the following addition:

- NC FAST should complete a cross reference of the most current facility license number and the facility vendor number. Payment should only process when both numbers are active. If they are not both active, payment should be rejected and appear on "SB105 Reject Report" referenced in this CR.

SB105 Temporary Payment Reports

Develop the following reports, to be shared with DAAS:

- (1) SB105 Reject Report– Includes all cases on which a temporary facility payment could not be made because NC FAST found a discrepancy between the facility license number and the facility vendor number. This report should be generated monthly, 7 workdays prior to each month's SB105 temporary payment issuance. The identified cases on the reject report will not issue until DAAS has notified NC FAST via email that a resolution has been completed. (If there is no resolution of the case by DAAS, the payment will not issue.) *NOTE: This report will use the same parameters as previously used in the HB1105 Rejection Report. See example in attached Appendix.*
Report Format: Caseworker Name/County/Case Reference #/Client Name/Client Reference #/Eligibility Date (mm-yyyy)/Facility Name/Facility License Number/NFFOI Vendor Number
- (2) SB105 PAID BY FAC & TIN (Temporary Financial Assistance for Facilities Licensed to Accept SB105 SA Payments)
This report to be generated monthly. *NOTE: This report will use the same parameters as previously used in the HB1105 PAID BY FAC & TIN Report. See example in attached Appendix.*
- (3) SB105 PAID BY COUNTY (Temporary Financial Assistance for Facilities Licensed to Accept SB105 SA Payments)
This report will be generated monthly. *NOTE: This report will use the same parameters as previously used in the HB1105 PAID BY COUNTY Report. See example in attached Appendix.*
- (4) SB105 PAID BY PROVIDER (Temporary Financial Assistance for Facilities Licensed to Accept SB105 SA Payments)
This report to be generated monthly. *NOTE: This report will use the same parameters as previously used in the HB1105 PAID BY PROVIDER Report. See example in attached Appendix.*
- (5) SB105 PAID BY CNTY/WKR (Temporary Financial Assistance for Facilities Licensed to Accept SB105 SA Payments) This report to be generated monthly. *NOTE: This report will use the same parameters as previously used in the HB1105 PAID BY CNTY/WKR Report.*
- (6) SB105 NCFast TEMPORARY FACILITY PAYMENT RECONCILIATION REPORT - This report is to be generated monthly, 7 workdays after each month's SB105 temporary payment issuance. *NOTE: This report will use the same parameters as previously used in the NCFast COVID-19_ONETIME_FACILITY_PAYMENT_RECONCILIATION_REPORT. See example in attached Appendix.*

CR Needed By: As soon as possible

Describe the Current Process to include job impact (reference additional documentation if necessary):

N/A – These are temporary payments (from July 1, 2021 to June 30, 2023 only) to licensed facilities as a part of SB105 and ARPA State Fiscal Recovery Funding.

Additional information attached? Yes No

What function/area of NC FAST does this change request impact?

- | | | | |
|---|------------------------------------|---|---|
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Intake | <input type="checkbox"/> Recertifications | <input type="checkbox"/> Cosmetic |
| <input type="checkbox"/> Forms/Notices | <input type="checkbox"/> Reception | <input checked="" type="checkbox"/> Reports | <input type="checkbox"/> System Usability |
| <input checked="" type="checkbox"/> Other (specify area) Senate Bill 105, Section C.299 (Temporary Assistance for Facilities that Serve Special Assistance Recipients) State Fiscal Recovery Fund | | | |

Identify the impact of the current process in the NC FAST system.

- Non-compliance with State Policy. Policy reference:
- Cannot use part or all of NC FAST as planned.
- Requires significant procedural and/or organizational changes.
- Decreased efficiency in the use of the system.

HS1105 Rejection Report example

HE 1105 Rejection Report October 2020 - Notepad
Edit Format View Help

1105

IL.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HC FAST - SPECIAL ASSISTANCE
DIVISION OF AGING AND ADULT SERVICES
OCTOBER, 2020 HS1105 REJECTION REPORT

Page 1

| CASE NUMBER | COUNTY | CONSEQUENCE | CLIENT NAME | CLIENT REFERENCE | ELIGIBILITY | FACILITY NAME | LICENSE NUMBER | WIC/COMMUNITY NUMBER |
|-------------------|----------|-------------|----------------|------------------|-------------|-----------------------|----------------|----------------------|
| Alamance Sdk User | Alamance | 231614656 | Leslie Rogers | 9487752228 | 08-2020 | C & M Adult Care Home | FCL-001-173 | 561876632 |
| Carreras Thaxton | Alamance | 169352657 | Albert Franks | 9488847350 | 08-2020 | C & M Adult Care Home | FCL-001-173 | 561876632 |
| Carreras Thaxton | Alamance | 176553267 | Andrew Hopkins | 9815248201 | 08-2020 | C & M Adult Care Home | FCL-001-173 | 561876632 |
| Carreras Thaxton | Alamance | 176591989 | Paul Brown | 9806268030 | 08-2020 | C & M Adult Care Home | FCL-001-173 | 561876632 |

PAID BY FAC & TIN Report example

Fac and Tin HS 1105 150730 total - Notepad

File Edit Format View Help
BSP433 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
12/23/2020 TEMPORARY FINANCIAL ASSISTANCE FOR FACILITIES
09:12:28 LICENSED TO ACCEPT HS1105 SPECIAL ASSISTANCE (SA) PAYMENTS
TO FACILITY AND TIN TO BE PAID IN 12/2020

PAGE 1

VENDOR ID: 202257157R AUTUMN VIEW ASSISTED LIVING #1 FCL-011-388

| PDC CASE REF | CHDSID | CLIENT NAME | AMOUNT |
|------------------|------------|----------------|--------|
| 239976632-082020 | 980457694N | CATHERINE MOSS | 250.00 |
| 239976632-092020 | 980457694N | CATHERINE MOSS | 250.00 |
| 239976632-102020 | 980457694N | CATHERINE MOSS | 250.00 |

PAID BY PROVIDER Report example

File Edit Format View Help
BSP433 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
12/15/2020 SA PAYMENTS ELIGIBLE TO BE PAID IN 12/2020
12:18:13 PROVIDER COVID-19 CLIENT REPORT

PAGE 1

PROVIDER: Sonnes Family Care Home #2
ADDRESS 1: 683 Hazenwood Drive
ADDRESS 2: 683 Hazenwood Drive
ADDRESS 3: GREENSBORO
STATE/ZIP: NC 27837
LICENSE #: FCL-074-051

-- IF CLIENT DOES NOT HAVE LIVING ARRANGEMENT END DATE
-- THEN LIVING ARRANGEMENT END DATE IS SHOWN AS LAST DAY OF THE MONTH --

COUNTY PDC CASE REF CHDSID CLIENT NAME BENEFIT PD
PITT 532971 START DATE 06/11/2019 LIVING ARRANGEMENT END DATE 31/07/2020

PAID BY COUNTY Report example

NO DEPARTMENT OF HEALTH AND WELFARE SERVICES PAGE 1
FORWARD FINANCIAL REPORT FOR MONTHS
PERIOD ENDING 12/31/2000
TO BE PAID IN 10/00

COUNTY: 001 ALABAMA

| DATE | DESCRIPTION | AMOUNT | CURRENT YEAR | REVENUE |
|----------|-------------|--------------|--------------|--------------|
| 12/31/00 | STATE | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 |
| 12/31/00 | FEDERAL | 500,000.00 | 500,000.00 | 500,000.00 |
| 12/31/00 | CITY | 250,000.00 | 250,000.00 | 250,000.00 |
| 12/31/00 | COUNTY | 100,000.00 | 100,000.00 | 100,000.00 |
| 12/31/00 | UNASSIGNED | 150,000.00 | 150,000.00 | 150,000.00 |
| 12/31/00 | TOTAL | 2,000,000.00 | 2,000,000.00 | 2,000,000.00 |

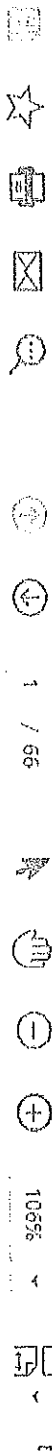
12/31/00 2,000,000.00 2,000,000.00

PAID BY CNTY/WKR Report example

S8257 PAID BY CNTY 08-21-20 AUG RUN 1.pdf Adobe Acrobat Reader DC (32-bit)

File Edit View Sign Window Help

Home Tools S8257 PAID BY CNT... x



BPP492... NO DEPARTMENT OF HEALTH AND HUMAN SERVICES... PAGE 1
08/21/2020 TEMPORARY FINANCIAL ASSISTANCE FOR FACILITIES
LICENSED TO ACCEPT-COVID-19 SPECIAL ASSISTANCE (SA) PAYMENTS
TO BE PAID IN 09/2020

COUNTY: 001 ALPAMANCE

| DOC CASE REF | ONDSID | CLIENT NAME | AMOUNT |
|--|------------|--------------------------|----------|
| 255495869-062020 | 945685175 | LINDA TYRE | 1,325.00 |
| PROVIDER NAME: GOLDEN YEARS FAMILY CARE HOME | | LICENSE NUM: FCL-001-109 | |
| 255538206-062020 | 948773099L | CARL TOTEM | 1,325.00 |
| PROVIDER NAME: GRAHAM DRIVE FAMILY CARE | | LICENSE NUM: FCL-001-135 | |
| 5367070-052020 | 547791501D | SEARON LOVE | 1,325.00 |
| PROVIDER NAME: HILLIES PLACE #2 | | LICENSE NUM: MEL-001-251 | |
| 191202378-042020 | 948715465P | BETTY BERRY | 1,325.00 |
| PROVIDER NAME: SPRINGVIEW - ROSS BUILDING | | LICENSE NUM: HAL-001-017 | |
| 219877720-032020 | 900240880N | THELMA ROMAN | 1,325.00 |
| PROVIDER NAME: VISION II | | LICENSE NUM: MEL-001-195 | |
| 206341376-032020 | 950137597S | KIMBERLY BERRYHILL | 1,325.00 |
| PROVIDER NAME: VISION II | | LICENSE NUM: MEL-001-195 | |

COUNTY TOTAL:

7,950.00

FACILITY PAYMENT RECONCILIATION Report example

Home View Page Layout Formula Data Review View Help
 FACILITY VIEW: Select a facility from the report and click on a facility name to view details. Enable Editing
 175 2 Caret Home

| Case No. | Case Name | County | Case Reference | Client Name | Client Reference | Eligibility Period | Facility Name | License Number | Notes |
|----------|-----------------|----------|----------------|---------------|------------------|--------------------|----------------------------------|----------------|------------------------------------|
| 1325 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | C & M Adult Care Home | FCL-001-175 | VA INFORMATION MISSING |
| 1326 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | Golden Years Assisted Living II | FCL-001-095 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 1327 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | Seventh Avenue Group Home | MHL-017-015 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 1328 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | Favor and Faith Family Care Home | FCL-001-142 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 1329 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | The Canterbury House | MHL-015-018 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 1330 | Charles Thaxton | Alamance | 170932135 | ALBERT FRANKS | 945847350 | Nov-20 | Careview Group Home | MHL-001-070 | PAYMENT ISSUED IN OCTOBER ISSUANCE |

PROTECTED VIEW: Be careful not to click on links from the Internet that contain viruses. Unless you need to edit, it's safer to stay in Protected View.
 Enable Editing

| Case No. | Case Name | County | Case Reference | Client Name | Client Reference | Eligibility Period | Facility Name | License Number | Notes |
|----------|-----------------|----------|----------------|-------------------|------------------|--------------------|----------------------------------|----------------|------------------------------------|
| 1 | Charles Thaxton | Alamance | 169452357 | ALBERT FRANKS | 945847350 | Nov-20 | C & M Adult Care Home | FCL-001-175 | VA INFORMATION MISSING |
| 2 | Charles Thaxton | Alamance | 170105554 | BETTERLY CARES | 960240765 | Nov-20 | Golden Years Assisted Living II | FCL-001-095 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 3 | Charles Thaxton | Alamance | 170732135 | PSEGUY WYB | 945169219 | Nov-20 | Seventh Avenue Group Home | MHL-017-015 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 4 | Charles Thaxton | Alamance | 170745891 | GARY ESTES | 946336456 | Nov-20 | Favor and Faith Family Care Home | FCL-001-142 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 5 | Charles Thaxton | Alamance | 170903725 | FRANCES WINGSTEAD | 945847350 | Nov-20 | The Canterbury House | MHL-015-018 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 6 | Charles Thaxton | Alamance | 170903725 | FRANCES WINGSTEAD | 945847350 | Nov-20 | The Canterbury House | MHL-015-018 | PAYMENT ISSUED IN OCTOBER ISSUANCE |
| 7 | Charles Thaxton | Alamance | 170903725 | FRANCES WINGSTEAD | 945847350 | Nov-20 | The Canterbury House | MHL-015-018 | PAYMENT ISSUED IN OCTOBER ISSUANCE |